

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058104 (7)

1. Corporation Name

NATURE COAST, INC.



Principal Place of Business

COUNTY ROAD 14-A
POST OFFICE BOX 661
DSHADY GROVE FL 32357

Mailing Address

COUNTY ROAD 14-A
POST OFFICE BOX 661
DSHADY GROVE FL 32357

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Shady Grove, FL

Shady Grove FL

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

N/A - 1st Filing

4. FEI Number

59-3345524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent Signature required when mandating

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
ROWELL, A. KEITH
1329 ALSHIRE CT. S
TALLAHASSEE FL 32311

DELETE

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

Change Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

Change Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

Change Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

Change Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

Change Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

Change Addition

500001829965
-05/20/96--01060--012
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. Keith Rowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/95

904-545-0784

CR2E034 (12/95)